

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Mark Morgenstern	M. Guler	Street: 2525 S. 44th St. City: Milwaukee Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1 / 11 / 2012 (Month) (Day) (Year)
2. Kelly Redeker	Kelly Redeker	Street: 5433 W Nat'l Ave City: West Milwaukee Zip: 53214	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village West Milwaukee <input checked="" type="checkbox"/> City Milwaukee	1 / 13 / 2012 (Month) (Day) (Year)
3. Grace Engel	G. Engel	Street: 1746 S 52 City: Milwaukee Zip: 53244	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1 / 13 / 2012 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Madeleine Velguth, (certify): I reside at 3551 S. 75 St. Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012
(Month) (Day) (Year)

Madeleine Velguth
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators, please

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Molly Ubbesen		Street: 2437 N Humboldt Blvd City: Milwaukee Zip: 53212	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/31/2011 (Month) (Day) (Year)
2. Jeff Pracht		Street: 4800 S. Ketchum Circle City: Greenfield, WI Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield	1/6/12 (Month) (Day) (Year)
3. Caitlin Schwerdtfeger		Street: 582 W 23180 Artesian Ave City: Big Bend Zip: 53103	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Vernon	1/7/2012 (Month) (Day) (Year)
4. Rebecca Schwerdtfeger		Street: 582 W 23180 Artesian Ave City: Big Bend Zip: 53103	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Vernon	1/7/2012 (Month) (Day) (Year)
5. Kevin Schwerdtfeger Sr.		Street: 582 W 23180 Artesian Ave City: Big Bend, WI Zip: 53103	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Vernon	1/7/2012 (Month) (Day) (Year)
6. Erik Schwerdtfeger		Street: 582 W 23180 Artesian Ave City: Big Bend Zip: 53103	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Vernon	1/7/2012 (Month) (Day) (Year)
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I, Kevin Schwerdtfeger (Name of Circulator), certify: I reside at 3218A N. Weil St. (Circulator's Residence - Street name and Number) Milwaukee (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 7 / 2012
(Month) (Day) (Year)

(Signature of Circulator)

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Circulators, please
Phone
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Elizabeth Kruger</u> Sign: <u>Elizabeth Kruger</u>	Street: <u>2525 Sheraton Rd.</u> City: <u>Brookfield</u> Zip: <u>53005</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Brookfield</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Werner E. Kruger</u> Sign: <u>Werner E. Kruger</u>	Street: <u>2525 Sheraton rd.</u> City: <u>Brookfield</u> Zip: <u>53005</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Brookfield</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>John E Bieganski</u> Sign: <u>John E Bieganski</u>	Street: <u>11221 W DRAKE LANE</u> City: <u>FRANKLIN</u> Zip: <u>53132</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>FRANKLIN</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, ELLEN TALavera, (certify): I reside at 18245 HOFFMAN AVENUE
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

CITY OF BROOKFIELD
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012
(Month) (Day) (Year)

Ellen Talavera
(Signature of Circulator)

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Circulators,
Please include your contact

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. ILOVA BAUER	Ilova Bauer	Street: 3781 S. LOGAN AVE City: MILWAUKEE, WI Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE, WI	11/19/2011 (Month) (Day) (Year)
2. Agnes C. Perez-Pena	Agnes C. Perez-Pena	Street: 2766 S. Superior St. City: Milwaukee, WI Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee, WI	11/20/2011 (Month) (Day) (Year)
3. Linda L. Becker	Linda L. Becker	Street: 2537 South Shore Drive City: Milwaukee Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee, Wisconsin	11/22/2011 (Month) (Day) (Year)
4. Carlos Perez-Pena	Carlos Perez-Pena	Street: 11982 W. Grange Ave. City: Hales Corners, WI Zip: 53130	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hales Corners, Wisconsin	11/24/2011 (Month) (Day) (Year)
5. Lois Perez-Pena	Lois Perez-Pena	Street: 12030 W Grange Ave City: Hales Corners, WI Zip: 53130	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hales Corners, WI	11/24/2011 (Month) (Day) (Year)
6. Andrew Kozlowski	Andrew Kozlowski	Street: 804 William Ave. City: South Milwaukee Zip: 53172	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City South Milwaukee, WI	11/25/2011 (Month) (Day) (Year)
7. Scott Slick	Scott Slick	Street: 2586 S. Westworth Ave City: Milwaukee, WI Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee, WI	12/4/2011 (Month) (Day) (Year)
8. Cheryl Slick	Cheryl Slick	Street: 2586 S. Westworth Ave City: Milwaukee WI Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee WI	12/4/2011 (Month) (Day) (Year)
9. CLYDE BATTLE	Clyde Battle	Street: 3722 West Brooklyn Pl City: MILWAUKEE, WI Zip: 53216	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE, WI	12/6/2011 (Month) (Day) (Year)
10. Juliet Lee Battle	Juliet Lee Battle	Street: 3722 W. Brooklyn Pl City: Milwaukee, WI Zip: 53216	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee WI	12/30/2011 (Month) (Day) (Year)

Certification of Circulator

I, John Ebersol, (Name of Circulator) (certify): I reside at 2581 South Shore Dr. Milwaukee (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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1. Phil Moore	<i>Phil Moore</i>	Street: 7340 S. Loomis rd. City: Wind Lake Zip: 53185	<input checked="" type="checkbox"/> Town Norway <input type="checkbox"/> Village <input type="checkbox"/> City	12/24/2011 (Month) (Day) (Year)
2. Joshua Nelson	<i>Joshua Nelson</i>	Street: 3059 S 47th St City: Milwaukee Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village Milwaukee <input checked="" type="checkbox"/> City	12/24/2011 (Month) (Day) (Year)
3. Dalphina R. Johnson	<i>Dalphina R Johnson</i>	Street: 6814 N. 91st St City: Milwaukee Zip: 53224	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/12/2012 (Month) (Day) (Year)
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Certification of Circulator

I, Amanda Cabreza Nelson, (Name of Circulator)

(certify): I reside at 3059 S. 47th St

Milwaukee (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

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A Cabreza Nelson
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Mya Hasan	<i>[Signature]</i>	Street: 315 W rainbow ridge apt 813 City: Oak Creek Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oak Creek	11/1/2012 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Margaret Gibbs Zautke, (certify): I reside at 3162 S. 42nd St. Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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[Signature]
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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1. Doane L. Parmelee	<i>Doane L. Parmelee</i>	Street: 708 Lakeview Ave. City: South Milwaukee Zip: 53172	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City South Milwaukee	1/4/2012 (Month) (Day) (Year)	Email: djparme Phone: ()
2. Judith Burrows	<i>Judith Burrows</i>	Street: 5590 Angle Lane City: Greendale Zip: 53129	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Greendale	1/7/2012 (Month) (Day) (Year)	Email: Phone: ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ()
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7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ()
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email: Phone: ()

Certification of Circulator

I, MARLENE OTT, (certify): I reside at 3921 Sugarbush Lane GREENDALE
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)

Marlene Ott
(Signature of Circulator)

Page No. (Official Use Only)
030457

Circulators, please provide:
Phone:
Email:

SCOTT WALKER RECALL PETITION

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1. JULIA KLEINEIDER	<i>Julia K. Kleineider</i>	Street: 1413 7 Mile Ave City: SOUTH MILWAUKEE WI Zip: 53172	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SOUTH MILWAUKEE	12/4/2011 (Month) (Day) (Year)
2. Helen Rennpferd	<i>Helen Rennpferd</i>	Street: 5115 7 mile Rd City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	12/5/2011 (Month) (Day) (Year)
3. EDWARD RENNIPFERD	<i>Edward Rennpferd</i>	Street: 5115 7 Mile Rd City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CALEDONIA <input type="checkbox"/> City	12/5/2011 (Month) (Day) (Year)
4. BARBARA H. SCUDDER	<i>Barbara H Scudder</i>	Street: 1405-16th Ave City: South Milwaukee Zip: 53172	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City South Milwaukee	12/5/2011 (Month) (Day) (Year)
5. James Keane	<i>James E. Keane</i>	Street: 10308 So. Chicago Rd City: Oak Creek Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oak Creek	12/15/2011 (Month) (Day) (Year)
6. BETTY KEANE	<i>Betty Keane</i>	Street: 10308 S. Chicago Rd. City: Oak Creek Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/15/2011 (Month) (Day) (Year)
7. JOELLE KLEINEIDER	<i>Joelle Kleineider</i>	Street: 711 WILLOW BEACH DR. City: WATERFORD Zip: 53185	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village WATERFORD <input type="checkbox"/> City	12/22/2011 (Month) (Day) (Year)
8. Richard D. Kleineider	<i>R D Kleineider</i>	Street: 711 Willow Bend Dr City: Waterford WI Zip: 53185	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Waterford <input type="checkbox"/> City	1/5/2012 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, MARY LYNN KLEINEIDER-FUCHS, (certify): I reside at

(Name of Circulator)

1704 MANITOWOC AVENUE
(Circulator's Residence - Street name and Number)

SOUTH MILWAUKEE
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.30a, Wis. Stats.

01 / 12 / 2012
(Month) (Day) (Year)

Mary-Lynn Kleineider-Fuchs
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators, please

Phone (4)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. RAYNELL A. PODEVELS	<i>Raynell A. Podewels</i>	Street: 875 W. 215th Field Dr. City: Muskego WI Zip: 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego	1/8/2012 (Month) (Day) (Year)
2. MONTY PODEVELS	<i>Monty Podewels</i>	Street: 575 W 21565 Field Dr. City: Muskego Zip: 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego	1/8/2012 (Month) (Day) (Year)
3. Carlene A. Effinger	<i>Carlene A. Effinger</i>	Street: 575 W 21675 Field Dr. City: Muskego WI Zip: 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego	1/8/2012 (Month) (Day) (Year)
4. Duane E. Effinger	<i>Duane Effinger</i>	Street: 575 W 21675 FIELD DR. City: Muskego Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego	1/8/2012 (Month) (Day) (Year)
5. HERBERT EFFINGER	<i>Herbert Effinger</i>	Street: 8075 W 21695 FIELD DR. City: MUSKEGO WI Zip: 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego	1/8/2012 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Carlene Effinger, (certify): I reside at 575 W 21675 Field Dr. Muskego 53150
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/1/2012
(Month) (Day) (Year)

Carlene Effinger
CE
(Signature of Circulator)

Page No. 453

(Official Use Only)

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CONTACT

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Phone (262) 6
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Circulators, please

Phone (262)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Benedict LeFort	Benedict M. LeFort	Street: 2980 S. Wentworth Ave City: Milwaukee, WI Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee, WI	1 / 13 / 2012 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, JAMES D. MARTELL, (certify): I reside at 2538 S. Superior St. Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

James D. Martell
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators, please

Phone
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Kerri L. Singer</u> Sign: <u>Kerri L. Singer</u>	Street: <u>5848 S. 20th St.</u> City: <u>Milwaukee</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/22/2011</u> (Month) (Day) (Year)	Email <u>Kerri S</u> Phone (414)
2. Print: <u>Paul Singer</u> Sign: <u>Paul Singer</u>	Street: <u>5848 S. 20 St.</u> City: <u>Milwaukee</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/22/2011</u> (Month) (Day) (Year)	Email Phone (414)
3. Print: <u>Barbara Wasechek</u> Sign: <u>Barbara Wasechek</u>	Street: <u>3833 S. 14th St.</u> City: <u>Milwaukee</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/22/2011</u> (Month) (Day) (Year)	Email Phone (414)
4. Print: <u>Nicole Duffy</u> Sign: <u>Nicole Duffy</u>	Street: <u>2227 A S. Fulton St</u> City: <u>Milwaukee</u> Zip: <u>53207</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/22/2011</u> (Month) (Day) (Year)	Email Phone (414)
5. Print: <u>Patrick Duffy</u> Sign: <u>Patrick Duffy</u>	Street: <u>2106 S. Lineberger Ter</u> City: <u>Milwaukee</u> Zip: <u>53207</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/22/2011</u> (Month) (Day) (Year)	Email Phone (414)

I, Kathy Kelley (Printed Name of Circulator) (certify): I reside at 32371. Story Pkwy (Circulator's Residence - Street Name and Number)

Milwaukee (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 (Month) 22 (Day) 2011 (Year)

Kathy Kelley (Signature of Circulator)

Page No. (Official Use Only)
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Circulators,
Please include your contact info
Phone
(414)
Email
msk

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to M
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>MARY ANN WASECHUK</u> Sign: <u>MaryAnn Wasechuk</u>	Street: <u>316 E HOWARD AVE</u> City: <u>MILWAUKEE</u> Zip: <u>53207</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/22/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. Print: <u>Angela Hardy</u> Sign: <u>Angela Hardy</u>	Street: <u>3438 S. 92nd ST</u> City: <u>Milwaukee, WI</u> Zip: <u>53227</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/5/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()
3. Print: <u>Sarah J. Schultz</u> Sign: <u>Sarah J. Schultz</u>	Street: <u>5601 S. 39th St.</u> City: <u>Milwaukee</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/5/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone () ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone () ()

I, Kathy Kelley (certify): I reside at 323 N Story Hwy Milwaukee
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012 Kathy Kelley
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
000462

Circulators.
Please include your contact

Phone
() ()
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Thomas Baumgart	<i>Thomas Baumgart</i>	Street: 10130 W RIDGE RD City: HALES CORNERS Zip: 53130	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village HALES CORNERS <input type="checkbox"/> City	01/01/2012 (Month) (Day) (Year)	Email: tomgaum Phone: () ()
2. Dorothy Hapka	<i>DHapka</i>	Street: 5351 S ALLENWOOD City: HC, WIS. Zip: 53130	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Hales Corners <input type="checkbox"/> City	1/4/2012 (Month) (Day) (Year)	Email: Phone: () ()
3. Ebony Davidson	<i>Ebony Davidson</i>	Street: 7639 W. Palmetto Ave City: Milwaukee Zip: 53218	<input type="checkbox"/> Town <input type="checkbox"/> Village Milwaukee <input checked="" type="checkbox"/> City	1/6/2012 (Month) (Day) (Year)	Email: Phone: () ()
4. Annette Prinslow	<i>Annette Prinslow</i>	Street: W136 N8721 Esquire RD City: Menomonee Falls WI Zip: 53051	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Menomonee Falls <input type="checkbox"/> City	1/10/2012 (Month) (Day) (Year)	Email: Phone: () ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email: Phone: () ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email: Phone: () ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email: Phone: () ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email: Phone: () ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email: Phone: () ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email: Phone: () ()

Certification of Circulator

I, Christine Baumgart, (certify): I reside at 10130 W. RIDGE RD Hales Corners
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given to support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 / 2012
(Month) (Day) (Year)

Christine Baumgart
(Signature of Circulator)

Page 1 of 1 (Official Use Only)
000483

Circulators, please

Phone () ()
Email Cba

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to R
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Janet DeGodoli</u> Sign: <u>Janet DeGodoli</u>	Street: <u>3478 So 119 St</u> City: <u>West Allis</u> Zip: <u>53227</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>1/4/2012</u> (Month) (Day) (Year)	Email <u>JARPC</u> Phone <u>(414) 5</u>
2. Print: <u>Jill Adame</u> Sign: <u>Jill Adame</u>	Street: <u>5634 W. Oklahoma Ave</u> City: <u>Milwaukee</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/4/2012</u> (Month) (Day) (Year)	Email Phone <u>(414) 7</u>
3. Print: <u>Angela Orvis</u> Sign: <u>A.C.</u>	Street: <u>14525 Virginia Ave</u> City: <u>Brookfield</u> Zip: <u>53005</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Brookfield</u> (Municipality Name)	<u>1/4/2012</u> (Month) (Day) (Year)	Email Phone <u>()</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone <u>()</u>

Certification of Circulator

I, ANGELINE VERCAUTEREN, (certify): I reside at 1016 S. 119 St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

WEST ALLIS
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 12 2012
(Month) (Day) (Year)
ANGELINE VERCAUTEREN
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators,
Please include your contact

Phone
(414) 2
Email ANGELINE
VERCAUTEREN

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. CAROL KUEHN	<i>Carol Kuehn</i>	Street: 1427 A SO. 9TH ST City: MILW. Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MILWAUKEE PB</i>	1/11/2012 (Month) (Day) (Year)	Email Phone ()
2. Windy Morrow	<i>Windy Morrow</i>	Street: 1720 S. 29TH APT 125 City: Milwaukee WI Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Milwaukee</i>	1/11/2012 (Month) (Day) (Year)	Email Phone ()
3. JIMMY MCKEE	<i>Jimmy McKee</i>	Street: 5425 W. FOREST City: MILWAUKEE WI Zip: 53230	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MILWAUKEE PB</i>	1/11/2012 (Month) (Day) (Year)	Email Phone ()
4. Lynn Rice	<i>Lynn Rice</i>	Street: 2501 N PIERCE ST City: MILWAUKEE PB Zip: 53212	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Milwaukee</i>	1/11/2012 (Month) (Day) (Year)	Email Phone ()
5. BENEDICTO MARTINEZ	<i>Benedicto Martinez</i>	Street: 555 S. LAYTON BLVD City: M.L.W. WI. Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MILWAUKEE PB</i>	1/11/2012 (Month) (Day) (Year)	Email Phone ()
6. Don Gant	<i>Don Gant</i>	Street: 3110 W WELLS City: MILW WI. Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MILWAUKEE</i>	1/11/2012 (Month) (Day) (Year)	Email Phone ()
7. Jaquan Johnson	<i>Jaquan Johnson</i>	Street: 510 W. BURLIEGH City: MILW. WI Zip: 53212	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Milwaukee</i>	1/11/2012 (Month) (Day) (Year)	Email Phone ()
8. Phillip J. Vespe	<i>Phillip J. Vespe</i>	Street: 2930 N 25TH ST City: MILW WISC Zip: 53206	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Milwaukee</i>	1/11/2012 (Month) (Day) (Year)	Email Phone ()
9. BRIANNA ANDERSON	<i>Brianna Anderson</i>	Street: 2140 AN 29TH ST City: Milwaukee Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Milwaukee</i>	1/11/2012 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, PAUL B. BOCKHORST, (Name of Circulator)

(certify): I reside at

2227 S 79TH
(Circulator's Residence - Street name and Number)

WEST ALLIS
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 12012
(Month) (Day) (Year)

Paul B. Bockhorst
(Signature of Circulator)

Page No. (Official Use Only)

000465

Circulators, please

Phone
414 574
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to:
Committee
PO Box 1
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Michael Richmond	<i>[Signature]</i>	Street: 2344 N 25th St City: Milwaukee Zip: 53205	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/15/2011 (Month) (Day) (Year)	Email Phone ()
2. Michael Greenberry	<i>[Signature]</i>	Street: 3241 N 20th City: Milwaukee Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/15/2011 (Month) (Day) (Year)	Email Phone ()
3. Charles Clayborns	<i>[Signature]</i>	Street: 703 So 5th St City: Milwaukee Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/15/2011 (Month) (Day) (Year)	Email Phone ()
4. Jasmine Smith	<i>[Signature]</i>	Street: 2726 W Bartfield Ave City: Milwaukee Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/15/2011 (Month) (Day) (Year)	Email Phone ()
5. Arielle Locke H	<i>[Signature]</i>	Street: 2101 W. Colfax City: Milwaukee Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/14/2011 (Month) (Day) (Year)	Email Phone ()
6. Charles Hill	<i>[Signature]</i>	Street: 4936 N 34th St City: Milwaukee Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/14/2011 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, PAUL B. BOCKHORST
(Name of Circulator)

(certify): I reside at 2227 S 79TH
(Circulator's Residence - Street name and Number)

WEST ALLIS
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Paul B. Bockhorst
(Signature of Circulator)

Page No. (Official Use Only)
000466

Circulators, please

Phone 414 5
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Lindell Combs</u> Sign: <u>Lindell Combs</u>	Street: <u>1216 N 13th Street</u> City: <u>Milwaukee, WI</u> Zip: <u>53205</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone () ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone () ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone () ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone () ()

Certification of Circulator

I, Paula Marie Jarosz, (certify): I reside at 2367 S. 84th Street 53227
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

West Allis
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Paula Marie Jarosz
(Signature of Circulator)

Page No. (Official Use Only)
000487

Circulators,
Please include your contact

Phone
(414)
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Lisa Goodwin	<i>Lisa Goodwin</i>	Street: 9118 W. Lapham St City: WEST ALLIS Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WEST ALLIS	1/12/2012 (Month) (Day) (Year)
2. Larry Goodwin	<i>Larry Goodwin</i>	Street: 9118 W. Lapham St City: Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WEST ALLIS	1/12/2012 (Month) (Day) (Year)
3. Kelly Anick	<i>Kelly Anick</i>	Street: 1601 S 167th St City: New Berlin Zip: 53151	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Berlin	1/12/2012 (Month) (Day) (Year)
4. Janice Reil	<i>Janice Reil</i>	Street: 2012 W. 49th St City: Milwaukee Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	1/13/2012 (Month) (Day) (Year)
5. Victoria Peterson	<i>Victoria Peterson</i>	Street: 1225 S 58th St City: West Allis Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	1/13/2012 (Month) (Day) (Year)
6. LAWRENCE H. TEGEL	<i>Lawrence H. Tegel</i>	Street: 169 S. 60th St City: MILWAUKEE Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City milwaukee	01/13/2012 (Month) (Day) (Year)
7. GARY L. MARSH	<i>Gary L. Marsh</i>	Street: 1213 S 58th St City: WEST ALLIS Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WEST ALLIS	01/13/2012 (Month) (Day) (Year)
8. JUSTIN RACINOWSKI	<i>Justin Racinski</i>	Street: 1548 S. 74th St. City: WEST ALLIS, WI Zip: 53214	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WEST ALLIS	1/13/2012 (Month) (Day) (Year)
9. Quinton Johnstone	<i>Quinton Johnstone</i>	Street: 1536 N 48th St City: Milwaukee WI Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/13/2012 (Month) (Day) (Year)
10. Dale Pawlak	<i>Dale Pawlak</i>	Street: 5539 N 54th St City: Milwaukee Zip: 53218	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	1/13/2012 (Month) (Day) (Year)

Certification of Circulator

I, TOBIAS MICELI GWIAZDOWSKI, (certify): I reside at 2527 S HOWELL AVE MILWAUKEE
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 2012
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
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Circulators, p

Phone

Email

SCOTT WALKER RECALL PETITION

onsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by Janu

Committee to R
PO Box 2569
Madison, WI 53

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>RICHARD LANSING</u> Print: <u>Richard Lansing</u> Sign:	<u>N68 W30964 CLUB CIRCLE E</u> Street: <u>HARTLAND</u> Zip: <u>53029</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MERTON</u> (Municipality Name)	<u>11/30/2011</u> (Month) (Day) (Year)	Email <u>RICHARD</u> Phone <u>(262)</u>
2. <u>ANN LANSING</u> Print: <u>Ann Lansing</u> Sign:	<u>N68W30964 CLUB CIRCLE E</u> Street: <u>HARTLAND</u> Zip: <u>53029</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MERTON</u> (Municipality Name)	<u>11/30/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>
3. <u>Charles Feeter</u> Print: Sign:	<u>W150 S7179 WESTCOT</u> Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MUSKEGO</u> (Municipality Name)	<u>12/9/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>
4. <u>James Lansing</u> Print: <u>James Lansing</u> Sign:	<u>2757 S. 76th ST.</u> Street: <u>West Allis</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone <u>()</u>
5. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>

Certification of Circulator

I, RICHARD LANSING, (certify): I reside at N68 W30964 CLUB CIRCLE E HARTLAND
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/1 8 12012
(Month) (Day) (Year)

Richard Lansing
(Signature of Circulator)

Page No. (Official Use Only)
#000469

Circulators.

Please include your contact

Phone

(262)

Email

Return to:
Comptroller
PO Box 100
Madison, WI 53701

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Madi

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Circulators, please

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Email	c7ae

Page No. (Official Use Only)
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(Signature of Circulator)

Page No. (Official Use)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Adamus Rios	<i>Adamus Rios</i>	Street: 6147 N. 83 rd St City: Milwaukee Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/6/2012 (Month) (Day) (Year)	Email Phone (414)
2. Susana Olivares	<i>Susana Olivares</i>	Street: 1032 A S. 20 th St City: Milwaukee Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/6/2012 (Month) (Day) (Year)	Email Phone (414)
3. Rebecca Kress	<i>Rebecca Kress</i>	Street: 2801 S 7 th St City: Milwaukee WI Zip: 53205	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/6/2012 (Month) (Day) (Year)	Email Phone ()
4. ANDY PARMANN	<i>AP</i>	Street: 2543A S. GRAHAM ST City: MILWAUKEE Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/3/2012 (Month) (Day) (Year)	Email Phone (414)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Jason Patzfahl, (certify): I reside at 5301 Laura Ln. Greendale
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Jason Patzfahl
Signature of Circulator

000171
#

Circulators, please

Phone
Email

pat

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. ERWIN E. ROTHER	<i>Erwin E Rother</i>	Street: 2409 PEBBLE VALLEY RD City: WAUKESHA Zip: 53188	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/29/2011 (Month) (Day) (Year)	Email Phone (262)
2. RANDALL KLINGBEIL	<i>Randall Klingbeil</i>	Street: 5879 S. Honey Creek Dr. City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/6/2011 (Month) (Day) (Year)	Email Phone 1 (414)
3. Joanna WOLFF	<i>Joanna Wolff</i>	Street: 5879 S. Honey Creek Dr. City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/6/2011 (Month) (Day) (Year)	Email Phone 1 (414)
4. Cynthia SCIANO	<i>Cynthia Scano</i>	Street: 10939 W. Cameron Ave City: Milwaukee Zip: 53225	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/8/2011 (Month) (Day) (Year)	Email Phone (414)
5. PETE PHILLIPS	<i>Pete Phillips</i>	Street: 3821 W. Edgerton Ave. City: Brookfield WI Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	1/12/2012 (Month) (Day) (Year)	Email Phone (414)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Richard Zanoni, (certify): I reside at 625 E. Ravenswood Hills Cr. Brookfield
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Richard Zanoni
(Signature of Circulator)

Page No. (Official Use Only)
000472

Circulators, please
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Brian Fink</u> Sign: <u>[Signature]</u>	Street: <u>9023 W. Hawthorne Ave</u> City: <u>Milwaukee</u> Zip: <u>53226</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>01/02/2012</u> (Month) (Day) (Year)	Email <u>BRF7</u> Phone <u>(414)</u>
2. Print: <u>Tonette Fink</u> Sign: <u>[Signature]</u>	Street: <u>9023 W. Hawthorne Ave</u> City: <u>Milwaukee</u> Zip: <u>53226</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/2/2012</u> (Month) (Day) (Year)	Email <u>late</u> Phone <u>(414)</u>
3. Print: <u>PAMELA SANICOLA</u> Sign: <u>[Signature]</u>	Street: <u>9023 W. Hawthorne Ave</u> City: <u>MILWAUKEE</u> Zip: <u>WI 53226</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>1/2/2012</u> (Month) (Day) (Year)	Email <u>Pamca</u> Phone <u>(414)</u>
4. Print: <u>Katherine L. Fink</u> Sign: <u>[Signature]</u>	Street: <u>2155 N. 124 St.</u> City: <u>Elm Grove WI</u> Zip: <u>53122</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Elm Grove</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email <u>262</u> Phone <u>(262)</u>
5. Print: <u>Robert E Fink</u> Sign: <u>[Signature]</u>	Street: <u>2155 N 124 St</u> City: <u>Elm Grove WI</u> Zip: <u>53122</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>ELM GROVE</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email <u>(262)</u> Phone <u>(262)</u>

Certification of Circulator

I, Brian Fink (Printed Name of Circulator), (certify): I reside at 9023 W. Hawthorne Ave (Circulator's Residence - Street Name and Number) Milwaukee (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
000473

Circulators,
Please include your con
Phone
(414)
Email
BRF7

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Benzette Henning</u> Print: Sign: <u>Benzette Henning</u>	Street: <u>S 77 W 18312 Janesville Rd</u> City: <u>Muskego WI</u> Zip: <u>53150</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Muskego</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email Phone (63)
2. <u>MATT RUEHL</u> Print: Sign: <u>M. Ruehl</u>	Street: <u>S 77 W-18320 W JANESVILLE Rd</u> City: <u>Muskego, WI</u> Zip: <u>53150</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Muskego</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email Phone (414)
3. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
4. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Brian Fink (certify): I reside at 9023 W. Hawthorne
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

000474

Circulators
Please include your contact

Phone
(414)
Email
BRF T

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. JILL PETERMANN	Jill Petermann	Street: 6775 W. BECHER ST ^{APT.} 301 City: WEST ALLIS Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WEST ALLIS	1/10/2012 (Month) (Day) (Year)
2. Charles Griffin	Charles Griffin	Street: 5000 W National City: MILWAUKEE Zip: 53295	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/10/2012 (Month) (Day) (Year)
3. Brad Barnes	Brad Barnes	Street: 9040 S Wildwood #202 City: Oak Creek Zip: 53154	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oak Creek	1/10/2012 (Month) (Day) (Year)
4. Rosita Monroe	Rosita Monroe	Street: 1422 S 10th City: Milwaukee Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/10/2012 (Month) (Day) (Year)
5. Reineke Goebel	Reineke Goebel	Street: MILWAUKEE City: 1424 W Madison Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/10/2012 (Month) (Day) (Year)
6. DONALD P. HOUSE	Donald P. House	Street: 918 S 21st City: MILWAUKEE Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/10/2012 (Month) (Day) (Year)
7. April Chartier	April Chartier	Street: 1744 S 116th City: Milwaukee Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/10/2012 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, KAREN A. HARTWELL, (certify): I reside at W136 S6473 SHERWOOD CT MUSKEGO
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

Karen A. Hartwell
(Signature of Circulator)

Page No. 037175

(Official Use Only)

Circulators, please
Phone (414) 532-1444
Email Karen

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return
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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. JAMES L. MEAS		Street: 1515 W. NATIONAL MILWAUKEE WI Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/10/2012 (Month) (Day) (Year)
2. Darius D Barksdale		Street: 3028 N. 39 ST MILWAUKEE WI Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/10/2012 (Month) (Day) (Year)
3. Nicole Smith		Street: 2435 W. Vliet ST MILWAUKEE WI Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/10/2012 (Month) (Day) (Year)
4. Kelly Lutes		Street: 3328 W. Brantingham MILWAUKEE WI Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/10/2012 (Month) (Day) (Year)
5. Daisy L. Alder		Street: 1422 S. 16TH ST MILWAUKEE WI Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/10/2012 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, KAREN A. HARTWELL, (certify): I reside at W13656473 SHERWOOD CT MUSKEGO
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/11/2012
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
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Circulators, please

Phone
Email
Karen

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Shirley M. Breimon	<i>Shirley M. Breimon</i>	Street: 5200 S. Tuckaway Blvd #1660 City: Greenfield Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield	1/13/2012 (Month) (Day) (Year)
2. GARNET G. BREIMON	<i>Garnet G. Breimon</i>	Street: 5200 S TUCKAWAY BLVD #1660 City: GREENFIELD Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City GREENFIELD	1/13/2012 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, CAROL RUTH CARLIN, (certify): I reside at 16914 W. COLDSRING GREENFIELD
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 13 120 12
(Month) (Day) (Year)

Carol Ruth Carlin
(Signature of Circulator)

Pass No. (Official Use Only)
000477

Return
Comm
PO Bo
Madis

Circulators, please
Phone
Email
Carlin

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Donna Uselmann</u> Sign: <u>Donna Uselmann</u>	Street: <u>W 281 N 7092 Huntington Ct</u> City: <u>Hartland</u> Zip: <u>53029</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Merton</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email: Phone: ()
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> </u> / <u> </u> / 20 <u> </u> (Month) (Day) (Year)	Email: Phone: ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> </u> / <u> </u> / 20 <u> </u> (Month) (Day) (Year)	Email: Phone: ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> </u> / <u> </u> / 20 <u> </u> (Month) (Day) (Year)	Email: Phone: ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> </u> / <u> </u> / 20 <u> </u> (Month) (Day) (Year)	Email: Phone: ()

Certification of Circulator

I, Gregory Uselmann, (certify): I reside at W 281 N 7092 N Huntington Ct Village of Merton
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 20 12
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

000478

Circulators,
Please include your contact information

Phone

()

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Ernest Iwanski</u> Sign: <u>Ernest Iwanski</u>	Street: <u>2016 East Lane</u> City: <u>New Berlin</u> Zip: <u>53146</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>New Berlin</u> (Municipality Name)	<u>12-26-11</u> <u>12/26/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Marlene Iwanski</u> Sign: <u>Marlene Iwanski</u>	Street: <u>2016 EAST Lane</u> <u>New Berlin 53146</u> City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>New Berlin</u> (Municipality Name)	<u>12/25/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: _____ Sign: _____	Street: _____ City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, CAROLE MANCHESTER, (certify) I reside at 2976 S. 48 ST MILWAUKEE
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
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Circulators

Please include your contact

Phone

(414) 5

Email

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S.B.C.

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to R
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>ELIZABETH STROIK</u> Sign: <u>Elizabeth Stroik</u>	Street: <u>12103 W. JEFFERSON TER</u> City: <u>FRANKLIN</u> Zip: <u>53132</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>FRANKLIN</u> (Municipality Name)	<u>12/7/2011</u> (Month) (Day) (Year)	Email <u>estroik</u> Phone <u>(414) 2</u>
2. Print: <u>Sarah Seifert</u> Sign: <u>Sarah Seifert</u>	Street: <u>W16456719 Chamberlain Hill Dr</u> City: <u>Muskego</u> Zip: <u>53150</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Muskego</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email <u></u> Phone <u>()</u>
3. Print: <u>Kelly Cech</u> Sign: <u>Kelly Cech</u>	Street: <u>1407 E. BUCKWOOD DR.</u> City: <u>OAK CREEK</u> Zip: <u>53154</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>OAK CREEK</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email <u>cechshet</u> Phone <u>(414) 2</u>
4. Print: <u>Joan M. Ketchum</u> Sign: <u>Joan M. Ketchum</u>	Street: <u>1427 E. Buckwood Dr.</u> City: <u>Oak Creek</u> Zip: <u>53154</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Oak Creek</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email <u></u> Phone <u>(414) 76</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email <u></u> Phone <u>()</u>

Certification of Circulator

I, Heather Shetbuch (certify): I reside at 1407 E. Buckwood Dr Oak Creek
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(5)(a), Wis. Stats.

01 / 13 / 2012 Heather Shetbuch
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

#000480

Circulators,
Please include your contact

Phone
(414) 36
Email
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS		STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT IF ELECTED
1. <u>Susan Stewart</u> <u>Susan Stewart</u>	Street: <u>12980 W Bluemound</u> City: <u>Elm Grove</u> Zip: <u>53122</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Elm Grove</u> (Municipality Name)	1/2/2012 (Month) (Day) (Year)	Phone: <u>(262) 788</u> Email: <u>()</u>	
2. _____ _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	1/20____ (Month) (Day) (Year)	Phone: _____ Email: _____	
3. _____ _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	1/20____ (Month) (Day) (Year)	Phone: _____ Email: _____	
4. _____ _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	1/20____ (Month) (Day) (Year)	Phone: _____ Email: _____	
5. _____ _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	1/20____ (Month) (Day) (Year)	Phone: _____ Email: _____	

Certification of Circulator

I, Tracey Soerko (County: 1820 N 10th St) (Circulator's Residence - Street Name and Number) Mousheto sa (Circulator Municipality)

(Printed Name of Circulator)

(Circulator's Residence - Street Name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/2/2012
(Month) (Day) (Year)
Tracey Soerko
(Signature of Circulator)

Page No. (Official Use Only)

000481

Circulators

Please include your contact info.

Phone:	<u>414, 4</u>
Email:	<u>tracey.d</u>

Return by January
Committee to Recall
PO Box 2569
Madison, WI 537

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Phone (414)

I, Pauline Tanem, (certify): I reside at 3420 E. Carol Ct. Oak Creek
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

Circulators, please

Phone	4
Email	mnr

(Circulator's Residence – Street name and Number)
Each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the official
opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this

Fauziah Janem
(Signature of Circulator)

Page No. (Official Use Only)
000482

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Ramiro Rivas</u> Print: <u>Ramin Rivas</u> Sign: <u>Ramin Rivas</u>	Street: <u>4551 So Taylor Ave</u> City: <u>MIL</u> Zip: <u>53207</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>
2. <u>Holly Latorra</u> Print: <u>Holly Latorra</u> Sign: <u>Holly Latorra</u>	Street: <u>1911 S. 69th St</u> City: <u>West Allis</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>11/22/2011</u> (Month) (Day) (Year)	Email Phone <u>(414) 837</u>
3. <u>Carmelo Cortes</u> Print: <u>Carmelo Cortes</u> Sign: <u>Carmelo Cortes</u>	Street: <u>1209 W Morgan Ave</u> City: <u>MILW</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/14/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>
4. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email Phone <u>()</u>
5. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email Phone <u>()</u>

Carmelo Cortes (Printed Name of Circulator), (certify): I reside at 1209 W Morgan Ave (Circulator's Residence - Street Name and Number)

Milwaukee (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.17.13(3)(a), Wis. Stats.

12 / 10 / 2011 (Month) (Day) (Year)
[Signature] (Signature of Circulator)

Page No. (Official Use Only)
000483

Circulators.
Please include your contact information.
Phone
(414) 3
Email
Cortes12

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Reginald L. Williams SR.</u> Sign: <u>[Signature]</u>	Street: <u>3680 S. 5th Place</u> City: <u>Milwaukee</u> Zip: <u>53207</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee Co.</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>
2. Print: <u>Terrence Griffin</u> Sign: <u>[Signature]</u>	Street: <u>1330 N. 24th Pl</u> City: <u>Milwaukee</u> Zip: <u>53206</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee Co.</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>
3. Print: <u>Lori A. Nadeau Hall</u> Sign: <u>[Signature]</u>	Street: <u>2339 S. 14th St</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee Co.</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email Phone <u>(414) 3</u>
4. Print: <u>Collette Roberts</u> Sign: <u>[Signature]</u>	Street: <u>5106 N. 21st</u> City: <u>Milwaukee</u> Zip: <u>53209</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>
5. Print: <u>Denise Ingram</u> Sign: <u>[Signature]</u>	Street: <u>1727 N 22nd St</u> City: <u>Milwaukee</u> Zip: <u>53205</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>

Carmelo Cortes (Printed Name of Circulator), (certify): I reside at 1209 W Morgan (Circulator's Residence - Street Name and Number)

Milwaukee (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.13.13(3)(a), Wis. Stats.

12 / 10 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
000484

Return by J
Committee to
PO Box 2569
Madison, WI

Circulators,
Please include your contact

Phone
(414) 3
Email
Cortes 12

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. <u>Lakese Turner</u>	<u>Lakese Turner</u>	Street: <u>4063 N. 23rd St.</u> City: <u>Milwaukee, WI</u> Zip: <u>53209</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u>	<u>12/12/2011</u> (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)

Certification of Circulator

I, Tracey Sperky, (Name of Circulator), (certify): I reside at 1820 N. 70th St. (Circulator's Residence - Street name and Number), Wauwatosa (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 12 / 2011
(Month) (Day) (Year)

Tracey Sperky
(Signature of Circulator)

Page No. (Official Use Only)
000485

Circulators, please in

Phone
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Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. GREGORY MARK VARTHEZ	<i>G.M. Varth</i>	Street: W143N750 AMBER DR. City: GERMANTOWN Zip: 53022	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City GERMANTOWN	01/11/2012 (Month) (Day) (Year)
2. Nathaniel Leon Ray	<i>N. Ray</i>	Street: 7120 W. Eden Pl. City: Milwaukee Zip: 53220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	01/11/2012 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Jean C. Kovac (Name of Circulator), (certify): I reside at 5598 Arbutus Ct. (Circulator's Residence - Street name and Number) Greendale (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 2012
(Month) (Day) (Year)

Jean C. Kovac
(Signature of Circulator)

Page No. (Official Use Only)
000496

Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Michael B Meyer	<i>[Signature]</i>	Street: 13060 W. National Ave. City: New Berlin Zip: 53151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Berlin	01/12/2012 (Month) (Day) (Year)	Email Phone
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Heather L Meyer, (certify): I reside at 13060 W. National Ave. New Berlin
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know the respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12, 13 / 20
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
000487

Circulators, please

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>John E. Stoker</u> Sign: <u>[Signature]</u>	Street: <u>W. 327 S. 7623 Squire Ln</u> City: <u>Mukwonago</u> Zip: <u>53149</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mukwonago</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Eugene Chin</u> Sign: <u>[Signature]</u>	Street: <u>559 greenfield dr.</u> City: <u>gratton</u> Zip: <u>53024</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>gratton</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email Phone ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Amy Kosloske, (certify): I reside at 13251 W Fountain Dr #2 New Berlin
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

000488

Circulators,
Please include your c

Phone

Email

(414)

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>Chris Wess JR</u> Sign: <u>Chris Wess Jr</u>	Street: <u>5701 W Silverleaf Lane</u> City: <u>Brown Deer</u> Zip: <u>53223</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Brown Deer</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>
2. Print: <u>Monika Wess</u> Sign: <u>Monika Wess</u>	Street: <u>5701 W. Silverleaf Lane</u> City: <u>Brown Deer</u> Zip: <u>53223</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Brown Deer</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()

I, Bobby J. STAPLES (certify): I reside at 8725 N. 66th St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Brown Deer
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

Bobby J. Staples
(Signature of Circulator)

Page No. (Official Use Only)
000489

Circulators,
Please include your
Phone
(414)
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee
PO Box 256
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Amy Hartung</u> Sign: <u>Amy Hartung</u>	Street: <u>217 E. Oklahoma Ave.</u> City: <u>Milwaukee</u> Zip: <u>53207</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/7/2012</u> (Month) (Day) (Year)	Email: <u>aha</u> Phone: <u>(414)</u>
2. Print: <u>Logan Terven</u> Sign: <u>Logan Terven</u>	Street: <u>217 E. Oklahoma Ave.</u> City: <u>Milwaukee</u> Zip: <u>53207</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email: <u>Logan</u> Phone: <u>(414)</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____

I, Donna Marie Harer (certify): I reside at 3851 S 18th St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 9 / 2012
(Month) (Day) (Year)

Donna Marie Harer
(Signature of Circulator)

Page No. (Official Use Only)
000490

Circulators,
Please include your
Phone: (414)
Email: tw

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J

Committee
PO Box 256
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: <u>Andy Widmann</u> Sign: <u>Andy Widmann</u>	Street: <u>3150 S. 12th St.</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/19/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Lori Bauerschmidt</u> Sign: <u>Lori Bauerschmidt</u>	Street: <u>2424 So. 29th</u> City: <u>Milwaukee</u> Zip: <u>41</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/19/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Loretta Scott</u> Sign: <u>Loretta Scott</u>	Street: <u>1445 S. 55th Street</u> City: <u>Milwaukee</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/19/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Pamela J. Rivera</u> Sign: <u>Pamela J. Rivera</u>	Street: <u>8560 S. Shepard Ave</u> City: <u>Oak Creek, WI</u> Zip: <u>53154</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Oak Creek</u> (Municipality Name)	<u>12/19/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Mirian Herrera</u> Sign: <u>Mirian Herrera</u>	Street: <u>3325 S. 68th St.</u> City: <u>Milwaukee</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/19/2011</u> (Month) (Day) (Year)	Email Phone ()

I, Johanna L. Johnson-Massey, (certify): I reside at 3143 S 46 St Greenfield
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)
Johanna L. Johnson-Massey
(Signature of Circulator)

Page No. (Official Use Only)
000491

Circulators
Please include y

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(41)

Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: Gilbert J. Garcia's Sign: <i>[Signature]</i>	Street: 2953 S. 55 th St. City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	12/19/2011 (Month) (Day) (Year)	Email Phone ()
2. Print: Don Sei Peh Sign: <i>[Signature]</i>	Street: 3758 S. 68 City: Milwaukee Zip: 53220	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	12/19/2011 (Month) (Day) (Year)	Email Phone ()
3. Print: Dan Treloar Sign: <i>[Signature]</i>	Street: 5326 Radcliff Dr City: Greendale Zip: 53129	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Greendale (Municipality Name)	12/19/2011 (Month) (Day) (Year)	Email Phone ()
4. Print: WOODY ANDERSON Sign: <i>[Signature]</i>	Street: 3404 S. 69 St. City: Milwaukee Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	12/19/2011 (Month) (Day) (Year)	Email Phone ()
5. Print: Jessica Matlack Sign: <i>[Signature]</i>	Street: 3149A S 46 th City: Greenfield Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield (Municipality Name)	12/19/2011 (Month) (Day) (Year)	Email Phone ()

I, Johanna L Johnson-Massey, (certify): I reside at 3143 S. 46 Greenfield
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 12 2012 *[Signature]*
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
000492

Circulators,
Please include your

Phone

(414)

Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J

Committee t
PO Box 256
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: <u>GAIL L. LYON</u> Sign: <u>Gail L. Lyon</u>	Street: <u>2732 S 96 St</u> City: <u>West Allis, WI</u> Zip: <u>53227</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>12/19/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
2. Print: <u>DARRELL BORKOWSKI</u> Sign: <u>[Signature]</u>	Street: <u>3671 E WANDA AVE</u> City: <u>CUDAHY</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>CUDAHY</u> (Municipality Name)	<u>12/19/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
3. Print: <u>Rabi R. Adhikari</u> Sign: <u>Rabi R</u>	Street: <u>4540 N Wilson Dr. Apt 4</u> City: <u>Shonewood</u> Zip: <u>53211</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Shonewood</u> (Municipality Name)	<u>12/19/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone () _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone () _____

I, Johanna Johnson-Massey, (certify): I reside at 3143 S. 46 St
(Printed Name of Circulator)

Certification of Circulator

(Circulator's Residence - Street Name and Number)

Greenfield
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)

Johanna L Johnson-Massey
(Signature of Circulator)

Page No. (Official Use Only)

000493

Circulators,
Please include you

Phone

(414)

Email

nam

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Recall Scott W
PO Box 1651
Madison, WI 53703

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>CAROL L. METCALF</u> Sign: <u>Carol L Metcalf</u>	Street: <u>8450 25TH AVE</u> City: <u>KEEN OHAWI</u> Zip: <u>53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> <u>Kenosha</u> (Municipality Name)	<u>12/31/2011</u> (Month) (Day) (Year)	Email Phone <u>(462)</u>
2. Print: <u>Carol Peronto</u> Sign: <u>Carol Peronto</u>	Street: <u>4558 S. Kingan Ave</u> City: <u>Gudahy</u> Zip: <u>53110</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Gudahy</u> <u>Gudahy</u> (Municipality Name)	<u>1/2/2012</u> (Month) (Day) (Year)	Email Phone <u>(414)</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ _____ (Municipality Name)	<u>/ / 20__</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ _____ (Municipality Name)	<u>/ / 20__</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ _____ (Municipality Name)	<u>/ / 20__</u> (Month) (Day) (Year)	Email Phone ()

I, Johanne L Johnson - Massey (Printed Name of Circulator) (certify): I reside at 3143 S. 46 St (Circulator's Residence - Street Name and Number) Greenfield (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012 (Month) (Day) (Year) Johanne L Johnson - Massey (Signature of Circulator)

Page No. (Official Use Only)
000491

Circulators,
Please include your
Phone
(414)
Email
name

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>DAVID INGOLDSTAD</u> Sign: <u>[Signature]</u>	Street: <u>2339 N. Sherman Blvd.</u> City: <u>Milwaukee</u> Zip: <u>53210</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/6/2012</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Brenda Cirino</u> Sign: <u>[Signature]</u>	Street: <u>2690 S. 10th</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/6/2012</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Daniel Hull</u> Sign: <u>[Signature]</u>	Street: <u>8625 W. Schlinger Ave</u> City: <u>West Allis</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>1/6/2012</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Melanie Lucas</u> Sign: <u>[Signature]</u>	Street: <u>9226 W Oklahoma</u> City: <u>West Allis</u> Zip: <u>53227</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>1/6/2012</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>[Signature]</u> Sign: <u>[Signature]</u>	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()

I, Johanna L Johnson-Massey, (certify): I reside at 3143 S. 46 St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Greenfield
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/12 2012
(Month) (Day) (Year)

Johanna L Johnson-Massey
(Signature of Circulator)

Page No. (Official Use Only)

000495

Circulators,
Please include your

Phone

(414)

Email

mama

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Susan Ponzi</u> Sign: <u>Susan Ponzi</u>	Street: <u>2923 S. Cleveland Rd</u> City: <u>West Allis</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>1/6/2012</u> (Month) (Day) (Year)	Email Phone ()
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()

I, Johanna L. Johnson-Massey, (certify): I reside at 3143 S. 46 St Greenfield
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)

Johanna L. Johnson-Massey
(Signature of Circulator)

Page No. (Official Use Only)

000496

Circulators,
Please include your

Phone

(414)

Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:

Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Terry Flechner</u> Sign: <u>Terry Flechner</u>	Street: <u>1810 So. 16 St</u> City: <u>Milwaukee</u> Zip: <u>53204</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/7/2012</u> (Month) (Day) (Year)	Email _____ Phone () _____
2. Print: <u>Paula Czarnecki</u> Sign: <u>Paula Czarnecki</u>	Street: <u>1557 S. 76th St</u> City: <u>W. Allis</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> <u>W. Allis</u> (Municipality Name)	<u>1/7/2012</u> (Month) (Day) (Year)	Email _____ Phone () _____
3. Print: <u>BARBARA FLESTER</u> Sign: <u>B. Flester</u>	Street: <u>3433 So 44 St</u> City: <u>GREENFIELD</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>GREENFIELD</u> (Municipality Name)	<u>1/7/2012</u> (Month) (Day) (Year)	Email _____ Phone () _____
4. Print: <u>Devonte Powers</u> Sign: <u>Devonte Powers</u>	Street: <u>5814 W. Cold Spring Rd Apt 205</u> City: <u>Milwaukee, WI</u> Zip: <u>53220</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/7/2012</u> (Month) (Day) (Year)	Email _____ Phone () _____
5. Print: <u>Justin Orlando</u> Sign: <u>Justin Orlando</u>	Street: <u>3163 S. 57th St.</u> City: <u>Milwaukee</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/7/2012</u> (Month) (Day) (Year)	Email _____ Phone () _____

Certification of Circulator

I, Johann L Johnson - Massey, (certify): I reside at 3143 S. 46 St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Greenfield
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)
Johann L Johnson - Massey
(Signature of Circulator)

Page No. (Official Use Only)

000497

Circulators,
Please include your

Phone

(414)

Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:
Committee
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: Debra A. Lone Sign: Debra A. Lone	Street: 2174 S. 16 th City: Milwaukee Zip: 53218	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	1/7/2012 (Month) (Day) (Year)	Email: Debra Lone Phone: ()
2. Print: Robert Guschel Sign: Robert Guschel	Street: 3005 N 58th City: MILW Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee (Municipality Name)	1/9/2012 (Month) (Day) (Year)	Email: Phone: ()
3. Print: Mary Layne Sign: Mary Layne	Street: 2176 S. 84th St City: WESTALLIS WI Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis (Municipality Name)	1/7/2012 (Month) (Day) (Year)	Email: Phone: ()
4. Print: Scott Layne Sign: Scott Layne	Street: 2176 S. 84th Street City: West Allis Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis (Municipality Name)	1/7/2012 (Month) (Day) (Year)	Email: Phone: ()
5. Print: Brian Gslock Sign: Brian Gslock	Street: 4901 OKLAHOMA City: MILWAUKEE Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE (Municipality Name)	1/7/2012 (Month) (Day) (Year)	Email: Phone: ()

I, Johanna L Johnson-Massey, (certify): I reside at 3143 S. 46 St. Greenfield
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 12 2012 Johanna L Johnson-Massey
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
000498

Circulators,
Please include your
Phone: (414)
Email: name

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. <u>Nancy Prentice</u> Print: <u>Nancy Prentice</u> Sign:	Street: <u>3822 N. 55th Street</u> City: <u>Milwaukee</u> Zip: <u>53216</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/17/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. <u>Esteban Romero</u> Print: <u>Esteban Romero</u> Sign:	Street: <u>5226 S Tuckaway Dr</u> City: <u>Greenfield</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Greenfield</u> (Municipality Name)	<u>01/08/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()
3. <u>Tere Romero</u> Print: <u>Tere Romero</u> Sign:	Street: <u>5226 S Tuckaway Dr.</u> City: <u>Greenfield, WI</u> Zip: <u>53221</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Greenfield</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()
4. <u>Toni Hardcastle</u> Print: <u>Toni Hardcastle</u> Sign:	Street: <u>3321 S 6th St</u> City: <u>Milwaukee</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()
5. <u>Shannon Wolksi</u> Print: <u>Shannon Wolksi</u> Sign:	Street: <u>4727 South 62nd Street</u> City: <u>West Allis</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()

I, Johanna L Johnson - Massey, (certify): I reside at 3143 S. 46 St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Greenfield
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)
Johanna L Johnson - Massey
(Signature of Circulator)

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(Page Not Official Use Only)

Circulators,
Please include your co

Phone
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Nereida Colon</u> Sign: <u>Nereida Colon</u>	Street: <u>5634 W. OKLAHOMA</u> City: <u>Milwaukee</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Jean Kobs</u> Sign: <u>Jean Kobs</u>	Street: <u>8522 W. Stath Ave-</u> City: <u>West Allis</u> Zip: <u>53227</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Felicia Haskins</u> Sign: <u>Felicia Haskins</u>	Street: <u>1801s 72nd St</u> City: <u>West Allis</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>EDUARDO MEDINA</u> Sign: <u>Eduardo Medina</u>	Street: <u>2015 S. PINE AV</u> City: <u>MILWAUKEE</u> Zip: <u>53204</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>1/08/2012</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Nancy Gonzalez</u> Sign: <u>Nancy Gonzalez</u>	Street: <u>10020 W. Main ST.</u> City: <u>Milwaukee</u> Zip: <u>53211</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/8/2012</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

1. Johanna L Johnson-Massey (certify): I reside at 3143 S. 46 St Greenfield
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/1/2012 (Month) (Day) (Year)
Johanna L Johnson-Massey (Signature of Circulator)

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Circulators,
Please include your co

Phone
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Email
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